

215037152
60102

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 023	Agency Case No. B5-084282	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/11/2015		TIME OF ACCIDENT 2029	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2031	09/13/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 9th St./Salt Creek Roadway-T St.			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	263.00			X	N curb line of T St.	
06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	1	1				
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13594787			STATE (Of License)	NE
1	DRIVER	LINDSEY M TJARDS			PHONE	4028891088
V1/N	1	17755 MARTHA ST, OMAHA, NE 68130			DATE OF BIRTH (MM / DD / YYYY)	04-08-1997
V2/N	1	OWNER JERRY L TJARDS			PHONE	4026774532
G	4	OWNER ADDRESS 17755 Martha St., Omaha, NE 68130			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB476088
H	5	LICENSE PLATE PA NO.	TTH920		YEAR (Plate Expires)	2015
V1/O	2	VEHICLE	2012	MAKE Acura	MODEL ATL	BODY STYLE 4 door Sedan
V2/O	2	VEHICLE ID NO. (VIN)	19UUA8F22CA030865		INSURANCE COMPANY	Nationwide Affinity/Byers Insurance
I	1	TOWED TO			TOWED BY	POLICY NO. PPBM0003375104-3
VEHICLE NO. 2						
F	DRIVER LICENSE NO.	H12309606			STATE (Of License)	NE
1	DRIVER	COLLEEN R MCENERY			PHONE	4024830284
V1/P	1	2815 S 37TH ST, LINCOLN, NE 68506			DATE OF BIRTH (MM / DD / YYYY)	02-19-1961
V2/P	1	OWNER JAMES R MCENERY / Colleen R Mcenery			PHONE	4024830284
J	01	OWNER ADDRESS 2815 S 37th St., Lincoln, NE 68506			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE PA NO.	TSL232		YEAR (Plate Expires)	2016
V2/Q	4	VEHICLE	2008	MAKE Chevrolet	MODEL Trailblazer	BODY STYLE Medium/large
K	01	VEHICLE ID NO. (VIN)	1GNDT13S782217385		INSURANCE COMPANY	Progressive
TOWED TO			TOWED BY		POLICY NO. 46390343	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

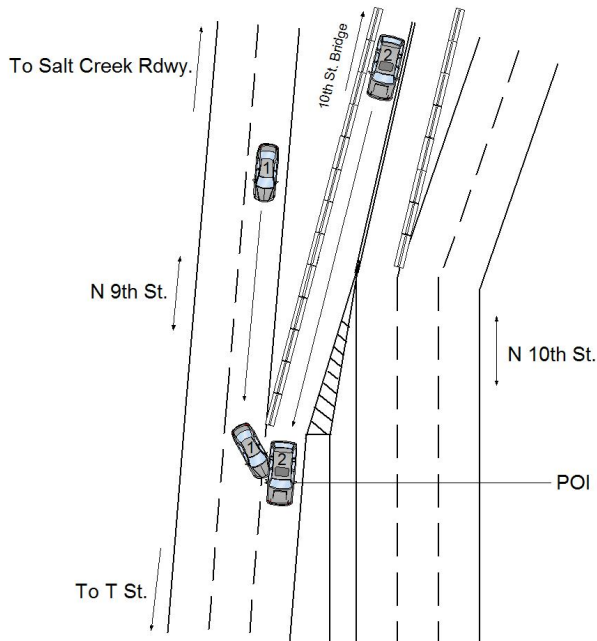
AGENCY CASE NO.
B5-084282



Indicate
North
by Arrow

POI:
263' N of N curb line of T St.
27'8" E of W curb line of N 9th St.
N 9th St. Width: 42'

Measurements are not exact



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she was SB on N 9th St. approaching T St. when she attempted to make a U-turn at 10mph, to head NB on N 10th St. She stated she did not see V2 coming SB on the N 10th St. bridge and was unable to avoid a collision. D2 stated she was SB on the N 10th St. bridge at 25mph approaching the area where N 10th becomes N 9th St. when V1 turned in front of her to make a U-turn and she was unable to avoid a collision. D1 was cited/released for an illegal U-turn.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1		X			N 9th St.								4				2				VEH 1			
2		X			N 10th St.								4				2				VEH 2			
1	07				06 Turning left				VEHICLE 1				VEHICLE 2				1 None used - vehicle occupant				Driver No. 1			
2	01				08 Entering traffic lane				POINT OF IMPACT 08				POINT OF IMPACT 03				2 Lap & shoulder belt used				Driver No. 2			
					09 Leaving traffic lane				MOST DAMAGED AREA 08				MOST DAMAGED AREA 03				3 Shoulder belt only used				Pedestrian			
					10 Parked				00 None				01				4 Lap belt only used				N			
					11 Slowing or stopped in traffic				09 Top & windows				02				5 Child safety seat used				X			
					12 Other				10 Undercarriage				03				6 Child booster seat used				N			
					13 Unknown				11 Total (all areas)				04				7 DOT approved helmet used				X			
									12 Other				05				8 Costume helmet used				N			
									08				06				9 Restraint use unknown				1			
									07				06								1			
OFFICER NO. 1722					TROOP/TEAM/BEAT SW					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO									
INVESTIGATOR NAME (Print or Type) Quenton Smith					INVESTIGATOR SIGNATURE Approved by Officer Quenton Smith					DATE OF REPORT 09/13/2015														